

If you were hurt in a job-related injury and have questions about workers compensation, contact the Ombudsman/Claims Advisory Section of the Workers Compensation Division at 1-800-332-0353 or 785-296-2996.

Se requiere que el empleador le proporcione tratamiento médico y compensación al trabajador mientras se restablece de cualquier accidente ocasionado por o a causa de su trabajo. Para más información, llame al teléfono 1-800-332-0353 o al 785-296-2996, o escriba a la oficina.

WRITTEN CLAIM: Even if your employer knows about the injury, you could lose all rights to further compensation if you do not tell your employer **in writing** that you expect workers compensation benefits for your injury. **An accident report filed with the Division of Workers Compensation IS NOT a written claim. A written claim must be filed with the employer** within 200 days of the date of accident or date of last payment of compensation for disability or date of last authorized medical care. You may take the written claim to the employer and obtain a receipt for it or you can mail it to the employer by certified mail, return receipt requested. You cannot obtain a hearing before an administrative law judge unless you meet the following deadlines: filing an application for hearing within three (3) years of the date of accident or within two (2) years of the last payment of compensation, whichever is later.

AVERAGE WEEKLY WAGE: A worker's "average weekly wage" is calculated by adding together the **base wage, the average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

WEEKLY DISABILITY BENEFITS: While you are unable to work because of the injury, you are entitled to weekly disability benefits for the duration of the disability. The **first seven (7) calendar days** of disability is a **waiting period** and compensation is not payable for the first seven (7) days unless you are unable to work for (21) consecutive calendar days. Your weekly disability benefit rate is $\frac{2}{3}$ of your average weekly wage, but not more than the maximum rate in effect on the date of your accident.

MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500. A worker may apply for a hearing to change the authorized health care provider. Reimbursement for travel to obtain medical treatment is payable for round-trips that are more than five miles. Necessary hired transportation may be reimbursed.

WORKERS COMPENSATION RECORDS: General access to accident reports and medical records filed with the Division of Workers Compensation is restricted to approved parties. Once an application for hearing is filed, records are open for inspection. Questions about the accessibility of records can be addressed to the Ombudsman/Claims Advisory Section.

MEDIATION CONFERENCE: The mediation conference offers both parties a reasonable opportunity to resolve disputes without litigation. All disputed issues can be addressed at this informal session, presided over by a mediator. A claimant may be represented by an attorney at a mediation conference, but need not be. If you don't have an attorney during the process, you may request assistance from the Ombudsman/Claims Advisory Section. The absence of an attorney during the process does not mean legal representation cannot be obtained later, if the dispute is not settled in this informal setting. If you have questions about the mediation conference procedures, you may write or call the toll-free number 1-800-332-0353 or (785) 296-0848. Mediation must be agreed to by **all** parties.

VOCATIONAL REHABILITATION: Vocational rehabilitation services may be voluntarily offered to assist you in returning to work. If you believe you will need such services, **contact the insurance carrier administering your claim** to request referral to a qualified vocational rehabilitation provider. If you have questions about vocational rehabilitation, you may write or call our toll-free number 1-800-332-0353 or (785) 296-2996.

SCHEDULED INJURIES: Injuries to the body members listed below are called "scheduled injuries."

The schedule below shows the maximum number of weeks for which compensation can be received. Actual compensation is based on the percentage of permanent disability.

Shoulder	225	Thumb	60
Arm	210	1st (index) finger	37
Forearm	200	2nd (middle) finger	30
Hand	150	3rd (ring) finger	20
Leg	200	4th (little) finger	15
Lower leg	190	Great toe	30
Foot	125	Great toe, end joint	15
Eye	120	Each other toe	10
Hearing, both ears	110	Each other toe, end joint only	5
Hearing, one ear	30		

Injuries that are not "scheduled injuries" are called **general body injuries** for which compensation is payable for a maximum of 415 weeks.

SETTLEMENTS: The law requires that compensation be paid for permanent disability caused by the injury. It is payable by the week until paid in full unless all parties agree to a lump sum payment (if allowed by statute) to close the claim. **The Ombudsman/Claims Advisory Section cannot act as your legal counsel, but will help you calculate the amount that would be payable for a specific percent of disability. They cannot advise you whether the percent is appropriate for your injury. You may wish to consult with an attorney to obtain a full examination of the facts and law as they pertain to your injury.**